

CLAIMS ONLY	Application Number 10/669-499	Filing Date
	Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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48													
49													
50	1												
Total Indep	2												
Total Depend	4												
Total Claims	6												

51		1				
52		1				
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59	1					
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97						
98						
99						
100						
Total Indep	1					
Total Depend	5					
Total Claims	6					

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